EDITORIALS

INDEMNITY DEFENSE FUND DISCONTINUED

All of the 1349 members of the Indemnity Defense Fund should carefully read the resolution of the House of Delegates published on page 351 of this issue of the Journal. This resolution authorizes the Council to discontinue Indemnity Defense as an association undertaking. A letter, embodying and explaining this resolution, has been sent by the secretary to all members of the Fund. No new members will be accepted in the Fund, but those who are already members will be protected under the terms of the Fund until due notice has been given and opportunity presented to transfer the protection to a "blanket policy"—coverage now being negotiated by the Council in accordance with resolutions of the House of Delegates.

The two actions taken by the House of Delegates in discontinuing "Medical Defense" and "Indemnity Defense" by the association might, upon cursory examination, seem like a backward step. If the Medical Association was an organization devised to transact business with other business organizations it could not only handle its own insurance and defense as an organization, but it could do many other things worthwhile for physicians and particularly for the public whom they serve. However, with the loose democratic type of organization which cannot and probably should not be changed, it is utterly impossible for it to engage in any movement requiring mass action along business, as distinguished from professional, lines. After years of study and experience with Medical Defense and Indemnity Defense, two of the simplest of propositions from a business standpoint, the Council has wisely recommended the change of policy outlined in the resolutions.

It now remains to be seen whether a sufficient number of members desire to manifest enough cooperation to insure the success of a "blanket policy," so advantageous to all wishing protection in practicing their profession without the worries so often promoted by the vagaries of unhappy and disappointed sick people. The physician who today engages in the hazardous vocation of the practice of medicine without adequate legal and indemnity protection is blind to his own future welfare and negligent of the future of those dependent upon him.

MEDICAL DEFENSE TO BE TERMINATED

Every member of the California Medical Association should carefully read the resolution passed by the House of Delegates on June 23 relating to Medical Defense. The resolution with explanatory comment is published on page 351 of this issue of the Journal.

Medical Defense, as one of the perquisites of membership in the California Medical Association and paid for out of the dues, always has been criticized by some members for one or more of several reasons. Nothing would be gained under present conditions by reviewing these reasons. Some of them are important and from a standpoint of fairness have merit. Others are but the excuses of those who do not really wish to co-operate with their fellows and who take advantage of opportunities to offer destructive criticism.

The important points to be borne in mind by all members are (1) that malpractice suits or threatened suits arising out of your professional service after June 30, 1924, will not be defended by your association; (2) a plan is being worked out for an optional defense and a blanket policy for those who desire it and are acceptable from an actuarial standpoint and are willing to pay for it; (3) when the obligations of the association to its members have been fulfilled, the decreased work will make a decrease in dues possible.

INDUSTRIAL PHYSICIANS AND SURGEONS SERVICE CARDS

The alleged abuse of the provisions of the Workmen's Compensation Law regarding the substance, methods of distribution, and uses of medical service cards has been for a long time the source of controversy and, in some instances, drastic disciplinary action in some sections of the State. Upon due application the matter has been brought before the Council with a request for a ruling. The subject has had extensive and earnest consideration by a special committee, by the officers of the association, and by the Council as a whole. At a meeting of the Council on June 23, 1923, the following resolution bearing upon the subject was passed unanimously:

Resolved, That it is the opinion of the Council of the California Medical Association that all medical service cards should be the property of the insurance carrier and/or the employer where such card is displayed. It is also the sense of the Council that all the expense of providing medical service cards should be borne by the insurance carrier and/or the employer; and be it further

Resolved, That it shall be considered unethical conduct on the part of any member of the California Medical Association to permit his or her name to appear on any medical service card unless the name of the insurance carrier and/or the name of the employer appears in bold type at the top of the medical service card, and that no reading matter shall appear on the medical service card with reference to the physician or surgeon, except his or her name, office location, and hours and telephone numbers; or to print, distribute, or use any medical service card. It will be proper to have on the medical service card the necessary hospital and ambulance service information; and be it further

Resolved, That all medical service order blanks shall have at the top of the card "Medical Service Order of ....." and insert here the name of the insurance carrier and/or the employer. The medical service order blank should be printed in such manner as to clearly indicate that it is a medical service order from the insurance carrier and/or the employer, and not a medical service order blank of the physician or surgeon, himself.

It is hoped and believed that compliance with the provisions of this resolution will solve an irritating problem to the satisfaction of members of our association, the insurance carriers and em-

ployers, and the beneficiary employes. In any event, we at least have an official ruling from an officially constituted body upon the question. Under the constitution and by-laws of our association this ruling is binding upon every member of every county society holding a charter from the California Medical Association.

THE CALIFORNIA MEDICAL ASSOCIATION

The report of the Committee on Codification and Revision of Constitution and By-laws made its report to the House of Delegates at the 1922 session of the State society. In conformity with the requirements of the constitution and the vote of the House of Delegates this report was published in two issues of the Journal and came finally before the House of Delegates June 23, 1923.

The report as published in the June issue of the Journal was adopted. The only change made was that of requiring a two-thirds vote to amend instead of the three-fourths vote provided by the committee. The new revised constitution and by-laws are now in effect. Members have a copy in the June number of the Journal and those desiring a copy printed in pamphlet form may secure it by sending a request to the secretary.

Under the new constitution, the name of our organization is changed from the Medical Society of the State of California to the California Medical Association. The new name represents more accurately what the organization is and what it stands for. The old name was long and cumbersome and the use of the word "State" after California has been superfluous for years. Surely California is now old enough and well enough known as a State to risk leaving off the label.

The revised constitution and by-laws provide for a new class of members to be known as "Affiliate members." The requirements for "affiliate" membership are exactly the same as for "membership," except that the dues are one dollar a year to our association and one dollar a year to a county society. This new class of membership is designed to hold the interest and co-operation of those worthwhile "doctors of medicine" who have retired, are permanently incapacitated, or who for any other reason satisfactory to the Council can no longer take full duty as earning physicians.

There are other provisions in the constitution and by-laws that should have careful study by officers of county societies and, for that matter, by the membership as a whole.

Hemoperitoneum From Ruptured Corpus Luteum—In the case reported by Abraham Strauss, Cleveland (Journal A. M. A., May 5, 1923), the diagnosis was not made preoperatively. On account of the extreme pallor and abdominal signs, a ruptured ectopic pregnancy was first considered. This was rejected because of the menstrual history, although it is well known that these sometimes occur without the patient's missing a period. Therefore, considering the abdominal signs with free fluid, the low fever and low white count and pallor, the diagnosis of fulminating peritonitis with the patient in shock was made.

STATE SOCIETY

REPORT OF THE COUNCIL

Presented at the fifty-second Annual Session of the California Medical Association

By JAMES H. PARKINSON, Chairman

DOCTOR C. G. KENYON

It would be impossible to submit the report of the Council without mention of one who was its chairman for twenty-three years, or since the Council was first instituted. Doctor C. G. Kenyon joined the society in 1874, served as assistant secretary (1882-1883), member board of censors (1887-1888), member board of examiners (1883-1887), vice-president (1879-1880), president (1893), and councilor (1900-1923); on active duty for thirty years of his forty-eight years of membership. Faithful and conscientious in attendance, earnest and sincere in his efforts for the welfare of the society, he leaves a record that few can hope to equal. His sudden taking off, when still actively useful, but fulfilled an oft-expressed wish that he might not live to be useless. Will not that wish find a sympathetic echo in many a heart?

DOCTOR B. F. KEENE

While speaking of our honored dead, the Council wishes to call the attention of the society to the neglected grave of its first president, Doctor Benjamin F. Keene. Some weeks ago, an unknown tourist informed the travel bureau of the Sacramento Chamber of Commerce that a fallen and broken tombstone in the city cemetery at Placerville marked the last resting place of the first president of the State Medical Society. He thought it merited attention. Through the courtesy of Mr. Louis A. Reeg of Placerville, the grave was readily identified, and the facts found as stated. The California State Medical Journal of October, 1856, contains an obituary, together with resolutions adopted by the Sacramento County Medical Society, and the San Francisco County Medico Chirurgical Association. Doctor Keene was elected president in April, 1856, and died suddenly on September 5 of the same year, being forty-three years of age. The council recommends that a new headstone suitably inscribed be provided.

MEETINGS

The Council has held its regular quarterly meetings, and one special meeting in September, 1922.

The publicity bureau has held twenty meetings during the year. Thirteen questions were submitted to the Council by mail ballot.

In May, 1922, Doctor Howard H. Johnson (Major, M. C., U. S. A., on leave of absence), upon recommendation of Doctor Musgrave, was appointed associate secretary at a salary of $4000. This was made possible by Doctor Musgrave's refusal to accept further salary. On January 31 Doctor Johnson was compelled by ill health to seek medical attention. He spent four months in Walter Reed Hospital, Washington, D. C., and was returned to duty, having been refused further leave